|  |                          |   |                  |                      |                              |                  |       | Application or Docket Number |                       |           |                     |                        |  |
|--|--------------------------|---|------------------|----------------------|------------------------------|------------------|-------|------------------------------|-----------------------|-----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOF<br>Effective October 1, 2001  |                          |   |                  |                      |                              |                  |       | 08/962315                    |                       |           |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                          |   |                  |                      |                              |                  |       | MALLE<br>PE [                | NTITY                 | OR        | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS •   |                          |   |                  |                      |                              | Г                | RATE  | FEE                          | 7 [                   | RATE      | FEE                 |                        |  |
| FO   | R                        | 5   | NUMBER F         | ILED                 | NUMB                         | NUMBER EXTRA     |       | ASIC FEE                     | 370.00                | OR        | BASIC FEE           | 740.00                 |  |
| то   | TAL CHARGEA              | BLE CLAIMS                                | ⟨o min           | us 20=               | *                            |                  |       | X\$ 9=                       |                       | OR        | X\$18=              |                        |  |
| IND  | EPENDENT CL              | AIMS                                      | 6 mir            | nus 3 =              | * .                          | 3                |       | X42=                         |                       | OR        | %8€ <u></u>         | 246.                   |  |
| MU   | LTIPLE DEPEN             | DENT CLAIM PR                             | PRESENT          |                      |                              |                  | +140= |                              | OR                    | +280=     | 701                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                          |   |                  |                      |                              |                  | L     | TOTAL                        | <b>-</b>              | OR        | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |                          |   |                  |                      |                              |                  |       |                              |                       |           | OTHER               | THAN                   |  |
| (Column 1) (Column 2) (Column 3)   |                          |   |                  |                      |                              |                  | _ 5   | MALL                         | ENTITY                | OR        | SMALL               |                        |  |
| AMENDMENT A  |                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | .     | RATE                         | ADDI-<br>TIONA<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NQ   | Total                    | * 8                                       | Minus            | ** ~                 | 20                           | =                |       | X\$ 9=                       |                       | OR        | X\$18=              |                        |  |
| AME  | Independent              | * 💸                                       | Minus            | ***                  | 6<br>T CLAIM                 | = 2              |       | X42=                         |                       | OR        | ×28=                | 156,                   |  |
|  | THOTTHESE                | ,   | DETTI EL DET     | LINDLIN              | T OLIMI                      |                  | -     | +140=                        |                       | OR        | +280=               |                        |  |
|  |                          |   |                  |                      |                              |                  | AD.   | TOTAL<br>DIT. FEE            |                       | OR        | TOTAL<br>ADDIT. FEE |                        |  |
|  |                          | (Column 1)                                |                  |                      | mn 2)                        | (Column 3)       | ,,,,  | J <b></b>                    |                       | *         |                     |                        |  |
| MENT B   |                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI<br>PAID | HEST<br>1BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                         | ADDI-<br>TIONA<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| N<br>Q   | Total                    | * 2Q                                      | Minus            | ** 🚓                 | 20                           |                  | ;     | X\$ 9=                       |                       | OR        | X\$18=              |                        |  |
| AMEND  | Independent              | * NTATION OF MI                           | Minus            | ***                  | S CLAIM                      | =                |       | X42=                         |                       | OR        | X84=                |                        |  |
| ╚  | I INST PRESE             | ON OF MI                                  | JETIFLE DEF      | FIADEIA              | CLAIIVI                      |                  |       | +140=                        |                       | OR        | +280=               |                        |  |
|  |                          |   |                  |                      |                              |                  | ΔD    | TOTAL<br>DIT. FEE            |                       | OR        | TOTAL<br>ADDIT. FEE |                        |  |
|  |                          | (Column 1)                                |                  | (Colu                | mn 2)                        | (Column 3)       |       |                              |                       | _         |                     |                        |  |
| AMENDMENT C  |                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                         | ADDI-<br>TIONA<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| N<br>Q   | Total                    | * 20                                      | Minus            | ** 2                 | $\mathcal{D}^{'}$            |                  |       | X\$ 9=                       |                       | OR        | X\$18=              |                        |  |
| WE!  | Independent              | * 8                                       | Minus            | ***                  | 8_                           | =                |       | X42=                         | <u> </u>              | OR        | X84=                | 1                      |  |
|  | FIRST PRESE              | NTATION OF M                              | ULTIPLE DEF      | PENDEN               | T CLAIM                      |                  | l ⊩   |                              |                       |           |                     |                        |  |
|  | If the entry in solution | mn 1 is loss than t                       | he entry in celu | ımn 🤉 uzril          | le "Λ" in co                 | dumn 3           | Ľ     | +140=                        |                       | OR        | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                          |   |                  |                      |                              |                  |       |                              |                       |           |                     |                        |  |
| 1  | THE HIGHEST NUM          | ibei Fieviousiy Pa                        | io Foi (10tal 0  | i iiiuepeili         | ucity is till                | , ingrissi numbe |       | u.o ap                       | · b. opi iate         | 207 11 00 | wiiii ti            |                        |  |

|  |  |  |                                   |                      |                              |  |            | Application or Docket Number |                        |                  |                                |                        |  |
|--|--|--|-----------------------------------|----------------------|------------------------------|--|------------|------------------------------|------------------------|------------------|--------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2001  |  |  |                                   |                      |                              |  |            | ND 08/962315                 |                        |                  |                                |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |                                   |                      |                              |  | SMA<br>TYP |                              | NTITY                  | OR               | OTHER<br>SMALL                 |                        |  |
| TOTAL CLAIMS .   |  |  |                                   |                      |                              |  | R          | ATE                          | FEE                    | 1                | RATE                           | FEE                    |  |
| FOR  |  |  | NUMBER FILED NUMBER EXTRA         |                      |                              | BAS                                    | IC FEE     | 370.00                       | OR                     | BASIC FEE        | 740.00                         |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | minus 20= *                       |                      |                              |  | X\$ 9=     |                              |                        | OR               | X\$18=                         |                        |  |
| INDEPENDENT CLAIMS   |  |  | minus 3 = *                       |                      |                              | X                                      | 42=        |                              | OR                     | X84=             |                                |                        |  |
| MU   | LTIPLE DEPEN                             | DENT CLAIM PR  | RESENT                            |                      |                              |  | +1         | 40=                          |                        | OR               | +280=                          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                                   |                      |                              | TC                                     | TAL        |                              | OR                     | TOTAL            |                                |                        |  |
| R/11/04 CLAIMS AS AMENDED - PART II RCE (Column 1) (Column 2) (Column 3) |  |  |                                   |                      |                              | SM                                     | IALL       | ENTITY                       | OR                     | OTHER<br>SMALL I |                                |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                   | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                       | . R        | ATE                          | ADDI-<br>TIONAL<br>FEE |                  | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
| NDM  | Total                                    | * 12   | Minus                             | ** 0                 | 70                           | = ~~~                                  | X          | \$ <b>9</b> =                |                        | OR               | X\$18=                         |                        |  |
| AME  | Independent                              | * 4<br>INTATION OF MU  | Minus                             | ***                  | 8                            | =                                      | X          | 42=                          |                        | OR               | X84=                           |                        |  |
|  | THOTTHESE                                | ATATION OF WIC   |                                   | LINDLIN              | CLANV                        |  | +1         | 40=                          |                        | OR               | +280=                          |                        |  |
|  |  | ,  |                                   |                      |                              |  |            | TOTAL<br>T. FEE              |                        | OR               | TOTAL<br>ADDIT. FEE            |                        |  |
|  |  | (Column 1)   |                                   |                      | mn 2)                        | (Column 3)                             |            |                              |                        | - :              |                                | ,                      |  |
| MENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                   | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                       | R          | ATE                          | addi-<br>Tional<br>Fee |                  | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
| N<br>N<br>N  | Total                                    | *  | Minus                             | **                   |                              | =                                      | X          | 9=                           |                        | OR               | X\$18=                         |                        |  |
| AMEND  | Independent                              | *<br>NTATION OF MU   | Minus                             | ***                  | T CL AIM                     | = [                                    | X          | 42=                          |                        | OR               | X84=                           |                        |  |
| <u> </u>   | TINOT FILSE                              | NIATION OF MIC   | DETIFIEL DEF                      | LINDLIN              | CLANV                        |  | +1         | 40=                          |                        | OR               | +280=                          |                        |  |
|  |  |  |                                   |                      |                              |  |            | TOTAL<br>T. FEE              |                        | OR               | TOTAL<br>ADDIT. FEE            |                        |  |
|  |  | (Column 1)   |                                   | (Colu                | mn 2)                        | (Column 3)                             | ADDI       | 1. Г С.С.                    |                        | •                | ADDIT. FEE:                    |                        |  |
| AMENDMENT C  | 7.77<br>1.77<br>1.77<br>1.77<br>1.77     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                   | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                       | R/         | ATE                          | ADDI-<br>TIONAL<br>FEE |                  | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
| ₽  | Total                                    | *  | Minus                             | **                   | -                            | =                                      | X          | S 9=                         |                        | OR               | X\$18=                         |                        |  |
| ME   | Independent                              | *  | Minus                             | ***                  |                              | =                                      | X          | 42=                          |                        | i                | X84=                           |                        |  |
| L  | FIRST PRESE                              | NTATION OF M   | JLTIPLE DEI                       | PENDEN               | T CLAIM                      |  |            |                              |                        | OR               | 7.04=                          |                        |  |
|  | lé tha anto-io acto                      | mn 1 in lass than th   | o onto de est                     |                      | na #0# in a s                | lumo 2                                 |            | 40=                          |                        | OR               | +280=                          |                        |  |
| **   | If the "Highest Nu<br>If the "Highest Nu | mn 1 is less than the<br>mber Previously Pa<br>Imber Previously Pa<br>Inber Previously Pai | aid For" IN THI<br>aid For" IN TH | S SPACE<br>IS SPACE  | is less that is less that    | ın 20, enter "20.'<br>an 3, enter "3." | ADD        | TOTAL T. FEE the ap          | propriate bo           | OR<br>x in co    | TOTAL<br>ADDIT. FEE<br>lumn 1. |                        |  |